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AUTHORITY


AGO D/A ltr, 29 Apr 1980

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AD No. _____

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DEPARTMENT OF THE ARMY
HEADQUARTERS
17TH FIELD HOSPITAL
AFO 96243

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INDEXED
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10 August 1966

SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966
RCS CSFOR-65

TO: See Distribution

AD874136

1. Reference 1st Logistical Command Regulation 870-2 dated 16 Dec 1965, with Change 1, dated 8 April 1966.

2. Significant Activities.

a. Mission: In May the responsibility of conducting all food handlers and barbers' physical examinations for the Saigon/Cholon area was added to the mission of the 17th Field Hospital. This involves approximately three hundred physicals a month.

b. Personnel:

(1) During this report period experience has shown that the following officers and EM by MOS are not needed as part of the TOE of this organization.

- (a) 3171 Dental Officer - Major
- (b) C3150 Orthopedic Surgeon - Major
- (c) 3445 Anesthetist - Major
- (d) 91E20 Dental Assistant - SP4 L-4

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The recommendation for the deletion of these positions from the TOE will be forwarded through command channels.

(2) Since the arrival of a dermatologist the workload in this area has increased and averages forty patients per day. Many of his patients are referred to him from units other than those the hospital normally supports.

(3) The 17th Field Hospital has the only Board Certified EMT Medical Officer in the Far East. This officer is currently on a forty seven (47) day TDY period to this organization from the 249th

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General Hospital in Japan. We have been informed by our higher headquarters that we will have a ENT medical officer assigned in August 1966.

(4) Personnel replacements for rotating personnel have been adequate in most cases. In most cases there has been an overlap before the other personnel rotate.

(5) Previously the hospital was authorized three (3) DAC nurse positions, two (2) of the positions have been deleted.

c. Outpatient visits by month appear below.

(1) May: Outpatient visits 7,770, admissions 415, immunizations 6,731, physical examinations 1,168, laboratory procedures 7,180, prescriptions filled 15,642, X-rays provided 5,458.

(2) June: Outpatient visits 5,227, admissions 403, immunizations 6,084, physical examinations 1,279, laboratory procedures 6,529, prescriptions filled 14,970, X-rays provided 7,151 and physical therapy procedures 1,449.

(3) July: Outpatient visits 7,464, admissions 606, immunizations 4,857, physical examinations 669, laboratory procedures 7,502, prescriptions filled 18,216, X-rays provided 6,366 and physical therapy procedures 2,530.

d. The hospital's mass casualty plan was activated again on 10 May 66, when a Claymore mine was exploded in the vicinity of the Ambassador BEQ. Casualties received by this facility were: American military 5, Vietnamese civilian 21.

e. Civic Action Programs.

(1) During this report period we have averaged six harelip repairs per month and three cataract removals on local Vietnamese civilians.

(2) Two medical officers of this organization spent on an average of 2½ hours a week at the Seventh Day Adventist Hospital working in surgery.

(3) Two (2) medical officers of this organization spent on an average of 2 hours a week teaching medical classes at the Vietnamese Medical School.

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(4) During this report period we have donated approximately two hundred fifty (250) units of outdated blood to the Cho Ray Hospital.

(5) The 17th Field Hospital personnel are now in the process of taking over the sponsorship of one of the orphanages in Saigon. Time will be given to the personnel to work in the orphanage doing such repair work as is needed. Donations will also be taken from personnel and this money will be utilized to purchase clothing, shoes, etc for the children.

f. The hospital received a gift of five hundred fifty one dollars and fifty cents (\$551.50) from the MACV Chaplain's fund. This will be used to purchase and install a sound system for music and a public address system for the hospital area.

g. Although not under the command of Headquarters Area Command the 17th Field Hospital does have a working relationship with that command. The hospital commander is the surgeon for Headquarters Area Command. In addition to this we also furnish disaster recovery teams to the command. The plan for this has been tested and found to be adequate.

h. PIO coverage for the hospital during this report period consisted of two articles one on the Physical Therapy Clinic, and one on the Harelip Program. Home town news releases were sent out on seven individuals concerning promotions and awards received.

i. On 13 June 1966 a clinic reception area was established for the specialty clinics. This area is staffed by one (1) local national, who handles all the administration for these clinics plus makes all appointments for the clinics.

j. The AER campaign was conducted in July with the results of 100% participation. A total of \$126.00 dollars was collected.

k. Under the direction of the Sergeant Major a hospital Medical Soldier-of-the-Month program has been initiated. This is a program where by each month one E-4 or below is selected from each section to appear before a board of non-commissioned officers. The individual selected as the Medical Soldier-of-the-Month receives a letter from the hospital commander, an engraved cigarette lighter, an engraved plaque and a 3-day pass to Vung Tau, RVN, the R & R center. This program has done much toward improving the soldiers' appearance, morale, and esprit de corps of the enlisted personnel of the hospital.

l. The investigation conducted by the 17th Field Hospital concerning the Victoria BOQ bombing was completed. Recommendations to increase

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the safety of the occupants of BOQ's and BEQ's were made to Headquarters Area Command. These were accepted and have been placed into effect. The study was also accepted for publication in the October issue of Military Medicine.

3. The following is a listing of significant activities occurring within the indicated hospital section during the period of this report.

a. Professional Service:

(1) During the period 1 May to 31 July, fevers of unknown origin continued to be the most common disorder seen on the medical wards. The 17th Field Hospital was given permission to enter the SEATO laboratory study of fevers of unknown origin and this will be of great aid in documenting the actual organisms responsible for the admissions seen at this hospital.

(2) Three young patients presented with the main complaint of balanoposthitis. Evaluation prior to proposed circumcision revealed severe diabetes mellitus in all three. All required 30-50 units of NPH Insulin daily for control and all required air evacuation. Candida albicans was recovered from each lesion. This observation has led to the routine performance of an FBS and 2 hr postprandial blood sugar in every patient presenting with a balanoposthitis.

(3) The first American since 1962 to have proven pneumonic plague was diagnosed and treated at this hospital. The patient, a Public Health Immunization Technician, went six days from the onset of his clinical symptomatology before seeking treatment. It is believed that his recent immunizations with plague vaccine significantly affected this usually fatal disease, and saved his life. His case is being written up for the medical literature.

(4) The treatment of malaria will now include one tablet of Fanasil, the long acting sulfur preparation, in addition to Quinine and Daraprim. There have been no treatment failures in the small number of malaria cases seen at this hospital.

b. Urology:

(1) Apparently due to the high temperatures and humidity in Vietnam, many military personnel are developing urinary calculi. The most probable cause is chronic dehydration. It is therefore suggested that personnel with a history of having had two or more calculi in the past, not be sent to Vietnam, if at all possible. If sent here, every effort should be made to place them in areas where potable water is plentiful, as these men are highly susceptible to recurrences.

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(2) We have seen three cases of military personnel presenting with recurrent balanoposthitis. When admitted for circumcision, it was discovered on routine arinalysis and subsequent studies that each was an uncontrolled diabetic. These patients were thin, young men in previously excellent health. Consideration should be given to doing routine urinalyses on young men with recurrent infections (non-venereal) of the penis.

c. Psychiatry:

(1) The psychiatric inpatient load runs about 20 patients per month averaging three to four days in hospital. A further breakdown of this group substantiates the impression that psychiatric hospital beds are being utilized as a transient measure to meet an acute situation rather than an attempt at treatment.

(2) The outpatient statistics show a gradual increase of patient units to an average of 100-110 hours per month. Initially this service has been an evaluative one, but as new treatment cases are added therapy has almost reached an even par with evaluation interviews. There are very few psychotics seen on an outpatient basis, the majority of patients being neurotic and personality disorders. The fact that these people can be treated and maintained in their original role confirms the value of psychotherapy in this particular setting.

(3) In our outpatient department we see almost no cases directly attributed to the strain of combat. By far the precipitating factors seem to be separation from family, marital discord and frustration at work. The presenting symptoms of depression and those that are associated with increasing alcoholic intake seem particularly common. One gains the impression that our patient population is particularly vulnerable to loss of external support and through their symptoms are attempting to regain that support. As a group they lack strong family ties and are limited in their ability to form solid close relationships. There is a strong history of poor impulse control, lack of judgement and the tendency to rely on others for initiative. On the other hand there is little to suggest that much serious psychopathology exists in the past history. This leads to the inference that the therapy of these patients is merely the substitute of one dependent relationship for a previous one.

d. Nursing Service:

(1) A six month projected construction and reconstruction request was submitted to the Engineers in May. Requests in general were for additional shelving and storage cabinets, installation of rods for screening curtains between beds, removal of walls in the recovery room and intensive care ward, the widening of doorways to permit passage of beds, construction of permanent type incinerator that can be utilized during inclement weather. Requests are materializing.

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(2) Selected items from the TOE are being utilized on the wards. The field instrument sterilizer is used for heating solutions for continuous soaks. The use of field tables has added utility working areas for personnel. The collapsible IV standards are on standby use for a possible influx of mass casualty patients.

(3) Additional protective masks have been requested for patient use. The hospital experienced an episode of tear gas permeating the entire area during the demonstration in June.

(4) Tours of the hospital have been initiated for the Head Nurses of Vietnamese civilian hospitals. The USAID nurse advisors feel the Vietnamese are more motivated to accept suggestions to improve the administrative problems that prevail and thus allow more time for total patient care.

(5) The objective is to demonstrate how an Army Head Nurse delegates duties to the professional and non-professional personnel of the ward; how nursing service reports are maintained; how medications are dispensed to the patient; how important aseptic technique and the general overall cleanliness of the ward is for total patient care and recovery. These on-the-job training sessions have been enthusiastically received by our counterparts.

e. Food Service:

(1) The installation of a new ice machine in the kitchen area has helped in the serving of cold drinks such as tea, juice, etc.

(2) The ward food service has been greatly improved by being able to serve eggs to order for regular and special diets.

(3) Continual emphasis is placed on food preparation and service.

f. Registrar:

(1) During the quarter there was an increase from 25,000 to 27,000 health records maintained for military personnel in the Saigon Cholon area.

(2) Statistics:

(a) The inpatient total for the quarter including GRO and quarters cases was 1,464.

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(b) The average daily bed occupied for the quarter was 59.

(c) The average daily outpatient visits for the quarter was 204.

(d) The average length of inpatient hospitalization for the quarter was 5.5 days.

(3) On 1 July 1966, the Medical Service Account became operational for the collection of funds for medical care rendered to civilians.

(4) Under the Dependents' Medical Care Program 14 claims (Army 6, Navy 7, AF 1) were processed for civilian care in the amount of US\$3,568.36. The amount of claims processed under the dependents' medical care program may increase because of recent directives curtailing dependent medical care from military facilities.

g. Red Cross: The ARC program for the months of May, June and July consisted of the following:

(1) Coffee Volunteers: Visit all wards 5 mornings a week, and serve coffee and cookies. Also, distribute writing paper, matches, etc.

(2) Library Cart Volunteers: Visit all wards twice weekly with reading material of all types.

(3) Bingo and Card Parties: Scheduled two evenings a week. Refreshments and prizes available.

(4) USO Field Trips and Shows: Coming directly to the hospital when entertainment is available.

(5) Vietnamese Visitors: Sponsored through Psychological Warfare, groups of Vietnamese nationals visit the hospital patients and staff.

(6) ARC social services such as emergency communications, financial assistance, etc are available to both patients and staff.

(7) Recreational and comfort supplies are provided to all wards on regular weekly basis. ARC patient's lounge is open daily and kept supplied with recreational equipment.

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h. Supply and Services:

(1) Physical plant improvement:

(a) Construction of additional storage space for supply, Central Materiel Section and Nursing Service alleviated supply storage problems.

(b) Medical Equipment Maintenance Section moved to a larger room. R&U Section was separated from Medical Equipment Maintenance Section and moved to a larger area.

(c) Motor maintenance cage was constructed in hospital area for proper storage of equipment and motor pool office.

(d) Removal of part of one wall improved operating efficiency of nursing service personnel on the intensive care ward.

(2) Supplies and Equipment:

(a) Operational stock level of 15 days was established for medical supplies. TOE expendable supplies were withdrawn from storage and are being utilized.

(b) Excess items of non-expendable equipment were turned into the medical depot.

(c) Equipment was received and installation of 300 MA X-ray machine was started by unit and Post Engineers support personnel.

(d) Installation of Physical Therapy Clinic equipment was completed. Expansion plans have been prepared for the F.T. Clinic.

(3) Inspections: Quarterly Organizational Maintenance Inspection was conducted 25 July 1966 by Headquarters, US Army Support Command, Saigon, APO 96307. Inspection results are summarized as follows:

(a) Maintenance operations - 96%.

(b) Materiel overall - 98%.

4. Commander's Comments:

a. The 17th Field Hospital continues in its primary mission of giving the best of outpatient and inpatient care to the US military staffs in Saigon and to the US Embassy, USAID and JUSPAO.

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Section II - Commander's Observation and Recommendations

Part I - Observations (Lessons Learned)

1. Item: Missions of the 17th Field Hospital.

2. Discussion:

a. The 17th Field Hospital continues in its primary mission of giving the best of outpatient and inpatient care to the US military staffs in Saigon and to the US Embassy, USAID and JUSPAO.

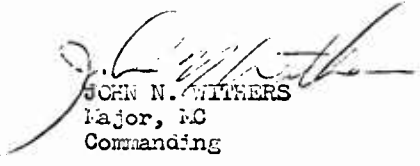
b. The hospital is developing rapidly in its secondary mission of offering specialized service to the American forces in Vietnam. These services include dermatology, ENT, urology, physical therapy and ophthalmology. These specialties require not only outpatient facilities but also the modern inpatient facilities which are available at our hospital.

c. An additional requirement placed on our hospital, that of receiving battle casualties in support of the 93rd Evacuation Hospital and 3rd Field Hospital has been utilized only twice during the last three months. The hospital received 45 patients in the period 2-11 July 1966. Of these only 5 required evacuation out of country while 38 were returned to duty within 30 days. This was due in a large part to the presence of physical therapist and a physical therapy clinic at the hospital.

3. Observation: Although the hospital can designate only fifty beds for this mission, a continuation of this in the future would help to decrease the number of evacuations from the theater and provide full utilization of this hospital.

Part II - Recommendations:

I recommend that the 17th Field Hospital receive battle casualties, either acutely injured or convalescing, to insure that the 50 beds mentioned in para 3 above are filled for the majority of the time. This I feel would help reduce the number of evacuations from Vietnam.


JOHN N. WITHERS
Major, MC
Commanding

AVCA MB-GD-PO (10 Aug 66)

1st Ind

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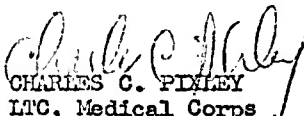
HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491, 18 August 1966

TO: Assistant Chief of Staff for Force Development, Department of the Army,
(ACSFOR, DA) Washington, D.C. 20310
✓ Commanding Officer, 44th Medical Brigade, APO 96307

1. The 17th Field Hospital was operational in RVN for the entire period covered by this report.

2. Reference Section II of basic report. This hq is aware of the 17th Field Hospital's facilities and is taking advantage of them in relation to the overall medical facilities available to this Group.

Long Binh 325/326


CHARLES C. PIDLEY
LTC, Medical Corps
Commanding

AVCA-MB-PO (10 Aug 66) 2nd Ind
SUBJECT: Operational Report of Lessons Learned for Quarter Ending
31 July 1966 (RCS CSFOR-65)

HEADQUARTERS, 44th Medical Brigade, APO 96307, 6 September 1966


TO: Commanding General, 1st Logistical Command, ATTN: AVC-GO-H, APO
96307

1. Reference Section II, Part I, basic report, and paragraph 2, 1st Indorsement. The large out-patient load of this hospital precludes its utilization for receipt of battle casualties, except as a back-up when adjacent hospitals are overloaded or have developed a surgical backlog. Adequate facilities exist within 68th Medical Group hospitals for patients who will be returned to duty within the 30 day evacuation policy, therefore, placing more patients in the 17th Field Hospital would not have significantly reduced the number of patients evacuated from Vietnam. Except in July 1966, when the malaria patient load was high, there has been no out-of-country evacuation of patients who could be returned to duty within the 30 day evacuation policy, unless they were approaching their DEROS date.

2. Concur with all other provisions of the basic report, and comments contained in 1st Indorsement, but do not concur with the recommendation of the hospital commander. If the mission of this hospital is to provide outpatient and inpatient care to US military staffs in Saigon, the US Embassy, USAID and JUSPAO, then the commander's recommendation is not fully consistent with this mission.

FOR THE COMMANDER:

TEL: Lynx 893


RICHARD M. HERIOT
Major, MSC
Adjutant

AVCA GO-H (10 August 1966) 3rd Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966
(RCS CSFOR-65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 10 SEP 1966

TO: Commanding General, United States Army, Vietnam, ATTN: AVEGC-DH
APO 96307

1. Forwarded in accordance with AR 1-19 and USAFV Regulation 870-2.
2. Concur with Operational Report of the 17th Field Hospital as indorsed.

FOR THE COMMANDER:

Tel: Lynx 834



Glenn A. Doyle
Cpt, ACC
Act Adjutant General

AVHGC-DH

4th Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966
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HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96307, 19 Sep 66

TO: Commander-in-Chief, United States Army, Pacific, ATTN: GPOP-MH
APO 96558

1. The Operational Report-Lessons Learned submitted by the 17th Field Hospital is forwarded herewith. This report is considered adequate.
2. Concur with basic report except Commander's recommendation:
Concur with 1st and 2nd indorsement concerning Commander's recommendations.

FOR THE COMMANDER:


W. K. AUTRY
1st Lt, AGC
Asst Adjutant General

GPOP-OT(10 Aug 66)

5th Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966
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HQ, US ARMY, PACIFIC, APO San Francisco 96558 18 OCT 1966

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters concurs in the basic report as indorsed.

FOR THE COMMANDER IN CHIEF:



L. L. CHAPPELL
MAJ, AGC
Asst AG

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DOCUMENT CONTROL DATA - R & D

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